

Food and Drug Administration

Request for Proposal

Solicitation No. 223-01-5501

PHARMACEUTICAL MARKETING DATABASE SERVICES (CDER)

- **Proposals due November 16, 2000 NLT 3:00 p.m. See SF 1449 (Page 1)**
- **Oral Presentations will be held for this acquisition. Details concerning presentations are contained in Attachment 6, Instruction to Offerors, Section 2, paragraph B on page 7.**
- **Past Performance Questionnaires are to be submitted by 3 of the offeror's past or current customers. See Attachment 6, Section 6, page 9**
- **See Attachment 7 regarding Evaluation Criteria.**
- **All question regarding this RFP shall be submitted in writing via e-mail (lgrant@oc.fda.gov) no later than 2:00 p.m. on October 24, 2000.**

1. REQUISITION NUMBER	PAGE 1 OF 13
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9. ISSUED BY	CODE	10. THIS ACQUISITION IS	11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED	12. DISCOUNT TERMS
DHHS/FDA/OFACS/DCPM		<input checked="" type="checkbox"/> UNRESTRICTED <input type="checkbox"/> SET ASIDE: % FOR	<input type="checkbox"/> SEE SCHEDULE	

<p>10. THIS ACQUISITION IS</p> <p><input checked="" type="checkbox"/> UNRESTRICTED</p> <p><input type="checkbox"/> SET ASIDE: _____ % FOR</p> <p><input type="checkbox"/> SMALL BUSINESS</p> <p><input type="checkbox"/> SMALL DISAV. BUSINESS</p> <p><input type="checkbox"/> 8(A)</p> <p>SIC: 7374</p> <p>SIZE STANDARD: 18.0 M</p>	<p>11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED</p> <p><input type="checkbox"/> SEE SCHEDULE</p>	<p>12. DISCOUNT TERMS</p>
	<p><input type="checkbox"/> 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)</p> <p>13b. RATING _____</p>	
	<p>14. METHOD OF SOLICITATION</p> <p><input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input checked="" type="checkbox"/> RFP</p>	

SEE PAGE 9

TELEPHONE NO.

<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER	18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM
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19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	TOTAL (Attach Additional Sheets as Necessary)				

25. ACCOUNTING AND APPROPRIATION DATA	26. TOTAL AWARD AMOUNT (For Govt. Use Only)
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<input checked="" type="checkbox"/>	27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, FAR 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED.	<input checked="" type="checkbox"/>	ARE	<input type="checkbox"/>	ARE NOT ATTACHED
<input checked="" type="checkbox"/>	27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA	<input type="checkbox"/>	ARE	<input type="checkbox"/>	ARE NOT ATTACHED

<p>28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN</p> <p><input checked="" type="checkbox"/> TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN.</p>	<p>29. AWARD OF CONTRACT: REFERENCE _____ OFFER _____</p> <p><input type="checkbox"/> DATED _____. YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH</p>
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30a. SIGNATURE OF OFFEROR/CONTRACTOR	31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)
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30b. NAME AND TITLE OF SIGNER	30c. DATE SIGNED	31b. NAME OF CONTRACTING OFFICER	31c. DATE SIGNED
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32a. QUANTITY IN COLUMN 21 HAS BEEN		33. SHIP NUMBER		34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR
<input type="checkbox"/> RECEIVED	<input type="checkbox"/> INSPECTED	<input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED			
		<input type="checkbox"/> PARTIAL	<input type="checkbox"/> FINAL		

<input type="checkbox"/> RECEIVED <input type="checkbox"/> INSPECTED <input type="checkbox"/> CONTRACT, EXCEPT AS NOTED		36. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		37. CHECK NUMBER	
32b. SIGNATURE OF AUTHORIZED GOVT. REPRESENTATIVE		32c. DATE		38. S/R ACCOUNT NUMBER 39. S/R VOUCHER NUMBER 40. PAID BY	

42a. RECEIVED BY (<i>Print</i>)	

41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT		
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER	41c. DATE	42b. RECEIVED AT (Location)

[illegible]